HAZARDOUS MATERIALS MANAGEMENT SECTION 744 P Street Sacramento, CA 95814

## UNIFORM HAZARDOUS WASTE MANIFEST JUL 6 1983

(Plea	see print or type with ELITE type (12 characters per inch).	ATE ID	NUMI	BER 82	26	5524	
	GENERATOR NAME AND MAILING ADDRESS OIL & SOLVENT PROCESS COMPANY		FEST DOCUMENT NUMBER				
,	OTH G DOMITHE INCORD COUNTY			NUMBER			
a region de la	Henderson, Colorado 80640 (303)289-4827 C.O.	D 9 8	0 5	9,1,1,8,	4 D,	0,0,0,3	
	RINGSBY TRUCK LINES, INC. VEH./CONTAIL			EPA ID N			
	P.O. Box 7240 Denver, Colorado 80207			C.O.D.O.O.6 9 1 5 0 8 7			
	TRANSPORTER NO. 2/ALTERNATE TSD FACILITY			C <sub>1</sub> 0 <sub>1</sub> D <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 6 <sub>1</sub> 9 <sub>1</sub> 1 <sub>1</sub> 5 <sub>1</sub> 9 <sub>1</sub> 8 <sub>1</sub> 7			
1	OIL & SOLVENT PROCESS COMPANY 1704 W. 1st Street, Azusa, California 91702			- TO TO TO THE STATE OF THE STA			
1	TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY			$C_1O_1D_1O_1O_18_13_1O_12_19_1O_3$			
	OMEGA CHEMICAL			EPA ID NUMBER			
OR	12504 E. Whittier Whittier, California 90602 (213) 698-0991	CA	D 0 4 2 2	2.4.	5.0.0.1		
GENERATOR	PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS UN/NA TOTA		INIT	CONTAINER	1	WASTE	
I.	HAZARDOUS WASTE LIQUID N.O.S.	TTY W	/VOL	(ARI	<u> </u>	CAT. NO.	
3	N A 9 1 8 9 3 4	0 0	G	6 B 1	1 2	1 1	
THE			_		44	1877	
ΒY							
FILLED IN	COMPONENTS		ONC.	RANGE	┼-┴	UNITS	
LEC	COMPONENTS		PER	LOWER	%	ppm	
Ξ	Trichlemanificant						
BE	Trichlorotrifluoroethane			95	%		
5							
1	Oil		5	2	%		
1	Water		5	/ 2	1%	}	
*	Gloves and Goggles required total gullons. 3747 only						
Be sure Bungs are tight and Drums are not leaking							
	S S S S S S S S S S S S S S S S S S S						
i	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.						
	Michael R. Lispi Muchael L. J. J.			MO.	DAY	YR.	
	PRINTED OR TYPED FULL NAME AND SIGNATURE	<u> </u>		02	215	4 8 3	
	CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS						
, g	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS	/_		DATE REC	'D & /	ACCEPTED	
I BE FILLED IN TRANSPORTER	PRINGSBY TRUCK LINES, INC. Loyd B. Enbank  PRINTED OR TYPED FULL NAME AND SIGNATURE Than B. Cuben	3					
g E	PRINTED OR TYPED FULL NAME AND SIGNATURE	hi	_	MO.	DAY	YR.	
NSI	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS	110		DATE REC	ا <u>ہے۔</u> ای ھ	ACCEPTED	
TRA							
<b>-</b> .	PRINTED OR TYPED FULL NAME AND SIGNATURE			MO.	DAY	YR.	
	DISCREPANCY INDICATION SPACE						
۵							
TSDF							
- <u> </u>	Facility owner or occurrence of the state of						
N BY TSDF	Facility owner or operator: Certification of receipt of hazardous material covered by this manifest en the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.	xcept as n	oted	DATE REC'	D & A	CCEPTED	
	TIM KALTURRA ! Mallagar						
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